

REDACTED FOR PUBLIC INSPECTION

March 12, 2012

FILED/ACCEPTED

MAR 12 2012

Federal Communications Commission
Office of the Secretary

Ex Parte

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: *Telecommunications Carriers Eligible to Receive Universal Service Support* WC
Docket No. 09-197; *Federal-State Joint Board on Universal Service* CC Docket
No. 96-45

Dear Ms. Dortch:

On March 8, 2012, Paul McAleese, of i-wireless LLC, Chuck Campbell of CGM Consulting, Santo Politi of Spark Capital, and I, on behalf of i-wireless, met with Kimberly Scardino, Deputy Division Chief of the Telecommunications Access Policy Division, Divya Shenoy, Alexander Minard, and Garnet Hanly of the Wireline Competition Bureau. In addition, Messrs. McAleese and Politi met with Chairman Genachowski and Michael Steffen, Legal Adviser to the Chairman.

We discussed i-wireless' pending ETC application. i-wireless will be updating its application to reflect the new FCC rules. We explained the procedures that i-wireless is implementing to implement the rules and to protect against waste, fraud and abuse, as summarized in the attached matrix, which was distributed to the FCC attendees. We also distributed and discussed a sample draft application form, also attached. This sample is subject to change.

i-wireless requests confidential treatment for the attached matrix pursuant to 47 C.F.R. §§ 0.457 and 0.459. Disclosure of this document could enable the evasion of i-wireless' anti-waste, fraud and abuse safeguards. This document has not been publicly disclosed.

We underscored the need for prompt action with respect to i-wireless' applications, which have been long pending.

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Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "John T. Nakahata".

John T. Nakahata
Counsel to i-wireless, LLC

cc: Michael Steffen
Kimberly Scardino
Garnet Hanly
Alexander Minard
Divya Shenoy
Lance Steinhart
Heather Kirby

Attachments

LIFELINE APPLICATION

This signed authorization is required in order to enroll you in the Lifeline Program in your state. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Company.

Things to know about the Lifeline Program:

- (1) Lifeline is a federal benefit.
 (2) Lifeline Service is available for only one line per household. A household cannot receive benefits from multiple providers; and
 (3) A household is defined, for purposes of the Lifeline Program, as any individual or group of individuals who live together at the same address and share income and expenses.

Applicant Information:

First Name: _____ MI: _____ Last Name: _____ Date of Birth: Month ____ Day ____ Year ____

Social Security Number (or Tribal ID Number): _____ (XXX-XX-XXXX) Contact Telephone Number: _____

Residence Address (No P.O. Boxes, Must be your principal address): This address is ☐ Permanent ☐ Temporary ☐ Multi-Household

_____ APT/ Floor/ Other _____ City: _____ State: _____ ZIP Code: _____

Billing Address (May Contain and P.O. Box)

_____ APT/ Floor/ Other _____ City: _____ State: _____ ZIP Code: _____

_____ I hereby certify that I participate in at least one of the following programs: (Check all that apply)

Initial Here

- ☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Supplemental Security Income (SSI)
☐ Federal Public Housing Assistance
☐ Low- Income Home Energy Assistance Program (LIHEAP)
☐ National School Lunch Program
☐ Temporary Assistance for Needy Families (TANF)
☐ Medicaid

_____ I certify that my household income is at or below 135% of the Federal Poverty Guidelines (FPG). There are _____ individuals in my household.

Initial Here

You must provide documented proof of your participation in the above programs or your income.

I certify, under penalty of perjury: (Initial by Each Certification)

- _____ (1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law and may result in me being barred from the program.
- _____ (2) I am a current recipient of the program checked above, or have an annual household income at or below 135% of the Federal Poverty Guidelines
- _____ (3) I have provided documentation of eligibility if required to do so.
- _____ (4) I understand that I and my household can only have one Lifeline-supported telephone service. Access Wireless has explained the one-per household requirement. I understand that violation of the one-per-household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment from the Lifeline program, and could result in criminal prosecution by the United States Government.
- _____ (5) I attest to the best of my knowledge, that I and no one in my household is receiving a Lifeline-supported service from any other land line or wireless company such as Safelink, Assurance, or Reachout Wireless.
- _____ (6) I understand my Access Wireless Lifeline service is non-transferable. I may not transfer my service to any individual, including another eligible low-income consumer.
- _____ (7) I understand that if my service goes unused for sixty (60) days, my service will be suspended, subject to a thirty (30) day period during which I may use the service or contact Access Wireless to confirm that I want to continue receiving their service.
- _____ (8) I will notify Access Wireless within thirty (30) days if I no longer qualify for Lifeline. I understand this requirement and may be subject to penalties if I fail to notify my phone company. Specifically, I will notify my company if:
- (1) I cease to participate in the above federal or state program, or my annual household income exceeds 135% of the Federal Poverty Guidelines.
- (2) I am receiving more than one Lifeline supported service;
- (3) I no longer satisfy the criteria for receiving Lifeline support.
- _____ (9) I will notify Access Wireless within thirty (30) days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Access Wireless every ninety (90) days. If I fail to respond to Access Wireless' address verification attempts within thirty (30) days, my Access Wireless Lifeline service may be terminated.
- _____ (10) Access Wireless has explained to me that I am required each year to re-certify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, it will result in the termination of my Access Wireless Lifeline service.

FOR OFFICE USE ONLY:
Company Representative:

Documentation Verified: _____

Representative Signature: _____

Date: _____

Is this a multi- family dwelling? _____

APPLICANT'S SIGNATURE

DATE

